



ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF CHILD SUPPORT ENFORCEMENT

Janet Napolitano
Governor

(602) 252-4045 P.O. BOX 40458 PHOENIX, ARIZONA 85067

Tracy L. Wareing
Director

REQUEST TO CLOSE CHILD SUPPORT CASE

Complete this form to request your child support case to be closed. This form MUST be signed in front of a notary public. If you need a notary, any local child support office has a notary available free of charge. When DCSE receives your completed request we will close your case. If appropriate, DCSE will instruct your local Clerk of Court to open a case. Any payments received for child support will still be paid through the centralized State Disbursement Unit (Clearinghouse). If you want DCSE services at a later time, you will need to reapply.

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

RE: ATLAS Case No. _____ Today's Date _____

I want to close my case with the Division of Child Support Enforcement (DCSE). I understand that if I want services in the future, I must reapply with DCSE. I understand that by closing my case with DCSE credit reporting, asset seizure, automatic income withholding, tax and lottery intercepts cannot be done and locate services will only be provided through a separate application process and payment of a fee.

I understand that unless I complete a new application for child support services, no more action will be taken on my case by DCSE unless the child(ren) of this case receive TANF benefits. DCSE has the right to seek any unpaid TANF that has been paid for the support of my child(ren).

Signature of person requesting case closure _____

Date _____

State of _____)
County of _____) ss

Subscribed and sworn or affirmed and acknowledged before me this date: _____

Signature of Notary Public _____

My commission expires: _____

SEND COMPLETED FORMS TO: DCSE , P.O. Box 40458, Phoenix, AZ 85067

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Child Support Enforcement at 602-252-4045; TTY/TDD Services: 7-1-1.